Electronic Filing Gover Sheet

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(((H24000177124 3)))



H240001771243ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I2014000084 Phone : (305)527-6617 Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOFE LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX Help MAY 17 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Clar	Zin Corla	
	KISSIMMEE	, Florida <u>34744</u>	
New Registered Office Address:	580 EAST OSCEOLA PKWY Enter Flo	rida street address	-
Name of New Registered Agent:			
News of New Desires 4.4	CASTAGNET LLC	02 - ATE	•
ngent and/or the new registered office addr	ess here:	<u> </u>	
B. If amending the registered agent and/or	registered office address on our r		istered
		<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u> </u>		·
3 , , , ,			
Enter new mailing address, if applicable:		2024	3
(Principal office address MUST BE A STRE	ET NDDKESS)		
Enter new principal offices address, if appl	•	·	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "LLC."	
A. If amending name, enter the new name	of the limited liability company h	ere:	
This amendment is submitted to amend the fo	llowing:		
Florida document number 1.24000147977			
The Articles of Organization for this Limited		3/26/2024 and assigned	d
(Name of the Lin	olted Liability Company as it now appet (A Florida Limited Liability Company)	us on our records.)	
	GOFE LLC		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
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Signature of a member authorized representative of a member		P A Sto
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